

# Beaumont PTA

4043 NE Fremont St; Portland, OR 97212

## Reimbursement Request Form

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

### 1. Payee Information

Name for Check Payee: \_\_\_\_\_

Send Reimbursement to:  School Office  Home (provide address below)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Expenditure Information

*(All expenditures must be pre-approved via a PTA Board Member's Signature and in accordance with the PTA Budget for the program/event. Expenditures made or authorized without pre-approval may or may not be approved for reimbursement. Classroom/staff/school requests must be approved by both the Principal and a PTA Board Member. Contact the Beaumont PTA President at [beaumontptapresident@gmail.com](mailto:beaumontptapresident@gmail.com))*

PTA Program or Event: \_\_\_\_\_

Additional Description: \_\_\_\_\_

PTA Board Member Signature: \_\_\_\_\_

Principal's Signature (if applicable): \_\_\_\_\_

Receipt Attached:  YES  NO (include reason below)

Reason if no: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PTA Treasurer Use Only

Check #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Amount: \_\_\_\_\_